

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-631-6749 Fax: 609-588-7618**

Application for Approval as a New Jersey Lead Course Instructor/Training Manager

Directions: Please type or legibly print unless otherwise indicated. Sections I through VI MUST be completed by the applicant. Sections VI and VII must be completed by the agency the applicant wishes to be employed by. Just attaching a resume is not acceptable. Note: NJDHSS does not guarantee approval for all topics applied for.

I. General Information

Application Type : ☐ Instructor (sections I, II, III, V, VI, VII, VIII) ☐ Training Manager (sections I, II, III, IV, VI, VII, VIII)

Application Type: ☐ First Time Application ☐ Additional approval request (include copy of previous approvals)

Topic Areas: ☐ General Lecture ☐ Health Effects* ☐ Work Practice Lecture ☐ Hands-on*
*Requires additional education/experience, see section V Qualifications

Discipline: ☐ Worker/Supervisor-Housing & Public Buildings ☐ Inspector/Risk Assessor
 ☐ Worker/Supervisor-Commercial Buildings & Superstructures ☐ Planner/Project Designer

II. Applicant Information

Name		Telephone		Fax	
Address		State	Zip	E-mail Address	

III. Certifications

List all pertinent certifications and provide copies of all documents listed. Use additional sheet if necessary.

License/Permit Description/Type	State Issued By	License/ Permit No.	Issue Date	Expiration Date	Work Performed (include Dates)

IV. Training Manager Qualifications

In accordance with N.J.A.C. 8:62-4.5(a), all training managers must meet, at a minimum, the criteria listed below.

Requirements	Dates	Description of experience or course (use separate sheet if necessary & attach copy of course certificates)
A minimum of two years of classroom experience in teaching workers and/or adults		
A Bachelor's or graduate level degree in building, construction technology, engineering, industrial safety or health OR four years experience in managing an occupational safety or health program		
Completion of 40 hour train-the-trainer course		
Completion of a minimum of 24 hours of lead-specific training		

V. Instructor Qualifications

In accordance with N.J.A.C. 8:62-4.5(b), all instructors must meet the criteria listed below:

Adult Education Experience/training (Check one)	<input type="checkbox"/> Successful completion of 40 hour train-the-trainer course <input type="checkbox"/> A minimum of two years of classroom experience teaching adults <input type="checkbox"/> Attainment of a degree in adult education from an accredited college or university		
Completion of a minimum of 24 hours of lead-specific training			
Related Experience (Check one and supply appropriate additional information)	<input type="checkbox"/> A minimum of two years of experience related to health, safety, or regulatory aspects of lead abatement	Course Dates Dates of experience	Brief description of course (attach copy of certificate) Describe experience (use separate sheet if necessary)
<input type="checkbox"/> A minimum of one year of lead abatement experience	<input type="checkbox"/> A minimum of one year of lead abatement experience	Dates of experience	Describe experience (use separate sheet if necessary)

The following topic areas require additional education/experience.

If "health effects," or "hands-on" are checked in Section I, you must provide the following for each checked:

Health Effects	Must be a qualified health professional. On a separate piece of paper outlining dates and description of experience, education (include dates and type of certification) and any pertinent licenses.
Hands-On	Must have a minimum of two years of experience in construction trades, including, but not limited to, lead or asbestos abatement, painting, carpentry, or renovation and remodeling. (Must provide permit/licensing information in Section III above.) On separate piece of paper, describe experience. Include information on employer (name, telephone, address, etc.).

VI. Applicant's History of Legal Actions

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach statement to this application.

Has/is the applicant, identified in Section II above:	Yes	No
Been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEP, NJDCA and NJDHSS?	[]	[]
Now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency?	[]	[]
Been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency?	[]	[]
Been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency?	[]	[]
Been a defendant in any civil or criminal litigation?	[]	[]

VII. Applicant Statement and Signature

The information contained in this "***Application for Approval as a New Jersey Lead Course Instructor/Training Manager***" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training course instructor in New Jersey.

Signature	Date
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VIII. Agency Information and Representative's Signature

The information below must be completed by a training agency representative. If incomplete the application will be rejected.

The information contained in this "***Application for Approval as a New Jersey Lead Course Instructor/Training Manager***" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:62.

I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as a lead training course instructor in New Jersey.

I am authorized to sign for and on behalf of the persons listed as owners, partners, shareholders, officers and directors of this company.

Agency Name	Agency Number
Agency Address	
Name (print)	Title
Signature	Date

This application must be forwarded to the NJ Department of Health and Senior Services by the training agency.